

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA				COURT CASE NUMBER CR No. 05-30019-MAP	
DEFENDANT JUAN PAGAN				TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE	

SERVE AT	Juan Pagan, # [REDACTED]-069 ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) Hampshire Jail and House of Correction, P.O. Box 7000, Northampton, MA 01061
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SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	RECEIVED U.S. MARSHALS SERVICE BOSTON, MA 2006 SEP 28 A 9 27
Kristina E. Barclay, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

Please serve the attached Preliminary Order of Forfeiture upon the above-named individual by certified mail, return receipt requested.

LJT x3283

Signature of Attorney or other Originator requesting service on behalf of : 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (617) 748-3100	DATE Sept. 18, 2006
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk 	Date <u>9/28/06</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above):	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode
Address (complete only if different than shown above)	Date of Service <u>10/11/06</u> Time _____ am _____ pm Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or	Amount or Refund
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REMARKS: 10/3 Certified # 7006 0810 0001 5820 3706
10/5 Delivery Date

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PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)

☐ USMS RECORD
 ☐ NOTICE OF SERVICE
 ☐ BILLING STATEMENT
 ☐ ACKNOWLEDGMENT OF RECEIPT